Introduction - Southcare HEDIS Data

Health Care Connections is a risk-based, capitated program serving recipients in Mecklenburg County, North Carolina. Currently, WellPath Select, Inc., under the name Southcare, is the one participating Managed Care Organization (MCO) contracting with NC DMA.

WellPath Select, Inc., a Coventry Health Care Plan, is a regional health care management and benefits company based in Morrisville, NC. WellPath has offices in both Morrisville and Charlotte, NC. WellPath strives to be the premier regional plan providing members with responsive support in the same state we all call home. WellPath customers, including members, participating providers, employers, and other partners, speak with people locally, and decisions are made right here.

WellPath's parent company, Coventry Health Care, is a managed health plan company based in Bethesda, Maryland operating health plans and insurance companies in 14 markets throughout the Midwest, Mid-Atlantic, and Southeast United States. The Company provides a full range of managed care products and services including HMO, PPO, POS, Medicare+Choice, Medicaid, and Network Rental to 3.1 million members. More information is available at www.cvty.com.

HEDIS (Health Plan Employer Data and Information Set) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. It is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA) - a not-for-profit organization committed to evaluating and publicly reporting on the quality of managed care plans.

WellPath is committed to tracking and reporting performance data for a wide range of HEDIS measures. WellPath compares current results with the results from the previous year. Comparisons are also made with results reported by other local managed care companies. In this way, along with other internal analyses, WellPath can identify areas that would most benefit from quality improvement activities and other improvements that can best benefit our members. In addition, these analyses help WellPath monitor the impact of those improvements that have already been implemented.

These HEDIS statistics were calculated using the HEDIS Volume 2 Technical Specifications. The data is based on WellPath's Medicaid population (Southcare) and submitted to DMA as a condition of the DMA/WellPath contract. The data is processed by EHS (a third party administrator) on behalf of WellPath. EHS conducts edit checks and coding evaluation. EHS delivers the data to Coventry (WellPath's parent company) in EDI format, and it is loaded into the data warehouse. The data undergoes some additional edits by Coventry during HEDIS data loading and reporting.

The CY 2004 HEDIS data was audited by an independent auditor, HealthcareData, LLC. Auditors use NCQA Information Systems standards to conduct an overall assessment of the systems used to capture and process information required for HEDIS reporting. The audit focuses on the impact of WellPath's systems on HEDIS reporting accuracy. Auditors reviewed WellPath's information systems to determine the effects of local practices on HEDIS reporting processes. At the local level, auditors determined whether WellPath's automated systems and information management procedures ensured that all information required for HEDIS reporting was adequately captured, translated, stored, analyzed, and reported. As part of Coventry Health Care, Inc., the majority of information systems and processes are centralized at the corporate level. Minimal IS functions are retained at the MCO level. The audit team based its findings on NCQA's audit methodologies. WellPath systems were found to be "fully compliant."

Some of these CY 2004 statistics are not consistent with NC DMA's Southcare report as they include more records due to use of the hybrid methodology. The hybrid review method involves chart reviews which supplement the encounter data. The hybrid review method was used for the following indicators:

Childhood Immunization
Adolescent Immunization
Breast Cancer Screening
Cervical Cancer Screening
Timeliness of Prenatal Care
Postpartum Care
Diabetic Retinal Exams
Diabetic HbA1c Testing

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Indicator	Calendar Year	SouthCare
Childhood Immunization Rate 1	CY 2004 CY 2003	59.57% 68.00%
Childhood Immunization Rate 2	CY 2004 CY 2003	57.40% 65.20%
Adolescent Immunization Combination 1	CY 2004 CY 2003	15.38% 15.63%
Adolescent Immunization Combination 2	CY 2004 CY 2003	3.85% 11.72%
Breast Cancer Screening	CY 2004 CY 2003	57.14% 16.67%
Cervical Cancer Screening	CY 2004 CY 2003	59.87% 60.54%
Diabetic HbA1c Testing	CY 2004 CY 2003	86.00% 83.33%
Diabetic Retinal Exams	CY 2004 CY 2003	52.00% 41.67%
LDL-C Screening	CY 2004 CY 2003	80.00% 79.17%
Adult's Access to Preventive/Ambulatory Services Ages 20-44 Years	CY 2004 CY 2003	66.54% 74.39%
Adult's Access to Preventive/Ambulatory Services Ages 45-64 Years	CY 2004 CY 2003	70.27% 64.71%
Adult's Access to Preventive/Ambulatory Services Ages 65 and older	CY 2004 CY 2003	NA NA

Indicator Children's Access to Primary Care Practitioners Age 12-24 months	Calendar Year CY 2004 CY 2003	SouthCare 75.64% 94.07%
Children's Access to Primary Care Practitioners Age 25 months-6 years	CY 2004 CY 2003	60.89% 73.25%
Children's Access to Primary Care Practitioners Age 7-11 years	CY 2004 CY 2003	62.36% 67.86%
Well Child Visits in the First 15 Months of Life One Visit	CY 2004 CY 2003	11.56% 9.03%
Well Child Visits in the First 15 Months of Life Two Visits	CY 2004 CY 2003	15.58% 20.65%
Well Child Visits in the First 15 Months of Life Three Visits	CY 2004 CY 2003	27.14% 24.52%
Well Child Visits in the First 15 Months of Life Four Visits	CY 2004 CY 2003	20.60% 29.03%
Well Child Visits in the First 15 Months of Life Five Visits	CY 2004 CY 2003	8.54% 10.32%
Well Child Visits in the First 15 Months of Life Six + Visits	CY 2004 CY 2003	3.52% 2.58%
Well Child Visits in the 3rd- 6th Years of Life	CY 2004 CY 2003	39.22% 45.52%
Adolescent Well Care Visits Age 12-19 Years	CY 2004 CY 2003	17.39% NR
Timeliness of Prenatal Care	CY 2004 CY 2003	74.11% 78.79%
Postpartum Care	CY 2004 CY 2003	49.17% 49.65%

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Inpatient Discharges - General Hospital/ Acute Care Total	CY 2004 CY 2003	Age <1 4.2 4.3	Age 1-9 1.1 1.3	Age 10-19 3.1 4.1	9 <u>Age 20-44</u> 18.3 22.4	Age 45-64 17.5 10.1	Age 65-74 0.0 0.0	Age 75-84 0.0 0.0	Age 85+ 0.0 0.0	<u>Total</u> 6.4 7.5
Inpatient Discharges - General Hospital/ Acute Care Maternity	CY 2004 CY 2003	0.0 0.0	0.0 0.0	2.5 3.4	14.7 19.4	0.8 0.4	0.0 0.0	0.0 0.0	0.0 0.0	7.5 5.6
Inpatient Discharges - General Hospital/ Acute Care Surgery	CY 2004 CY 2003	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0
Inpatient Discharges - General Hospital/ Acute Care Medicine	CY 2004 CY 2003	4.2 4.3	1.1 1.3	0.7 0.7	3.6 2.9	16.7 9.7	0.0 0.0	0.0 0.0	0.0 0.0	2.2 1.9
Outpatient Visits / 1000 Member Months	CY 2004 CY 2003	280.6 335.7	113.7 125.9	81.9 77.6	198.5 193.7	370.9 241.6	0.0 0.0	0.0 0.0	0.0 0.0	143.7 145.8
Emergency Department Visits / 1000 Member Months	CY 2004 CY 2003	106.9 119.3	54.7 63.6	43.0 44.5	96.0 88.8	76.4 58.2	0.0 0.0	0.0 0.0	0.0 0.0	65.1 68.2
Ambulatory Surgery Procedures / 1000 Member Months	CY 2004 CY 2003	1.5 1.6	1.6 1.7	1.0 1.1	6.1 7.4	14.0 5.1	0.0 0.0	0.0 0.0	0.0 0.0	2.8 3.0
Ambulatory Care Observation Room Visits / 1000 Member Months	CY 2004 CY 2003	0.2 0.8	0.1 0.1	0.5 0.8	3.1 3.4	1.2 1.7	0.0 0.0	0.0 0.0	0.0 0.0	0.9 1.2